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MS Amendment	(571) 273-8300	

FROM: Barbara M. Hayashi

DATE: September 15, 2006

Number of pages with cover page:	5	Our Reference 480062003800
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Comments:

Application No. 10/803,512

Attached: (a) Transmittal Form - 1 page; (b) Supplemental IDS Statement - 2 pages; (c) PTO/SB/08a/b - 1 page.

oc-301251

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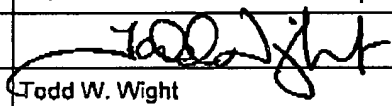
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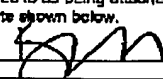
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/803,512
		Filing Date	March 18, 2004
		First Named Inventor	Guy T. ROME
		Art Unit	3763
		Examiner Name	Not Yet Assigned
Total Number of Pages In This Submission	4	Attorney Docket Number	480062003800

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP, Customer No. 25224		
Signature			
Printed name	Todd W. Wight		
Date	September 15, 2006	Reg. No.	45,218

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Dated: September 15, 2006	Signature:  (Barbara Hayashi)

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Dated: September 15, 2006 Signature: 

(Barbara Hayashi)

Patent

Docket No. 480062003800

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Guy T. ROME

Serial No.: 10/803,512

Filing Date: March 18, 2004

For: MULTIFUNCTION ADAPTOR FOR AN
OPEN-ENDED CATHETER

Examiner: Not Yet Assigned

Group Art Unit: 3763

SUPPLEMENTAL INFORMATION DISCLOSURE
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO/SB/08a/b. The Examiner is requested to make these documents of record.

This Information Disclosure Statement is submitted before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required.

Applicants would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist;

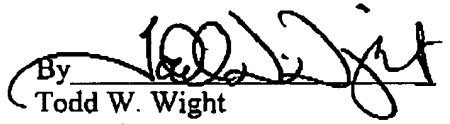
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(iii) the information, protocols, results and the like reported by third parties are accurate or enabling;
or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petition for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petition and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing 480062003800.

Dated: September 15, 2006

Respectfully submitted,

By 
Todd W. Wight
Registration No.: 45,218
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19900 MacArthur Boulevard
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(949) 251-7189

oc-318650

ALTERNATIVE TO PTO/SB/08a/b (07-05)

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	10/803,512
				Filing Date	March 18, 2004
				First Named Inventor	Guy T. ROME
				Art Unit	3763
				Examiner Name	Not Yet Assigned
Sheet	1	of	1	Attorney Docket Number	480062003800

U.S. PATENT DOCUMENTS					
Examiner Initials ²	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ³ (if known)			
	1	US-6,344,033	02-05-2002	Jepson et al.	
	2	US-6,921,395	07-26-2005	Wilson et al.	

FOREIGN PATENT DOCUMENTS						
Examiner Initials ²	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Country Code ³	Number-Kind Code ³ (if known)			

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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials ²	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ³

²EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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Examiner Signature		Date Considered	
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